

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106-5033

██████████ 2019
Signature Confirmation

Client ID # ██████████
Request # 143552

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying the Appellant's Medicaid application for long term care ("LTC") benefits.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant / POA on behalf of ██████████
██████████, Authorized representative/ daughter in law of ██████████
Angela Querrete, Fair hearing liaison, Bridgeport Regional Office
Kathleen Waldvogle, Fair hearing liaison assistant, Torrington Regional Office
Ashley Staten, observer, Torrington Regional Office
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for Husky C Medicaid for LTC benefits due to failure to submit information needed to establish eligibility was correct.

FINDINGS OF FACT (“FOF”)

1. On [REDACTED], 2018, the Department received W-1 LTC Medicaid long term care application on behalf of [REDACTED] submitted by her son and Power of attorney (“POA”), [REDACTED] [REDACTED] and Authorized representative and daughter in law, [REDACTED]. (Exhibit 3- W1-LTC application)
2. On [REDACTED] 2018, the Department processed the application and issued an initial W-1348 “Verification We Need” forms listing verifications required to determine eligibility with a due date of [REDACTED] 2018. (Exhibit 4, W-1348 , Request 1)
3. The Department issued new W-1348s’ after some of the requested verifications were received. See chart below with the corresponding due dates.

Request #	Date of W-1348	Due dates
2	[REDACTED] 2018	[REDACTED], 2018
3	[REDACTED] 2019	[REDACTED], 2019
4	[REDACTED] 2019	[REDACTED] 2019
5	[REDACTED], 2019	[REDACTED] 2019
6	[REDACTED] 2019	[REDACTED] 2019

(Exhibit 4, W-1348 Request #2 through #6)

4. On [REDACTED] 2018, the Appellant passed away. (Hearing record)
5. The Department continued to process the application after the Appellant passed away. (Hearing record)
6. On [REDACTED] 2019, the W-1348 request # 6 specifically asked for the following:
 - Bank statements of a savings account ending with [REDACTED] from [REDACTED] 2013 to the present; date that the account is closed or transferred.
 - Proof that the cash surrender values from the life insurance companies (*Monumental Life insurance and Combined Insurance*) were assigned to the funeral home prior to date of death.
7. The Department did not receive either requested verifications by the designated due date [REDACTED], 2019. (Department and Appellant testimony)
8. The Department did not receive a request for either help or more time in order to obtain information from the Appellant. (Department and Appellant testimony)

9. On ██████ 2019, the Department denied the Appellant's Long term Care Medicaid application for failure to provide required information to establish eligibility and issued a Notice of Action ("NOA"). (Hearing record)
10. The issuance of this decision is timely under Connecticut General Statute 17b-61 (a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████ 2019. This decision is due no later than ██████ 2019 and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 (6) of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. The Department's uniform policy manual ("UPM") is the equivalent of a state regulation and as such, carries the force of law. "Bucchere v. Rowe, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Conn. 601, 573 A. 2d 712 (1990)).
3. Uniform Policy Manual ("UPM") § 1010.05 (A) (1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information, and verification that the Department requires to determine eligibility and calculate the amount of benefits.

UPM § 1015.10 (A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities.

The Department correctly sent the Appellant more than one Application Verification Requirements lists requesting information needed to establish eligibility.

4. UPM § 1505.35 (C) provides that the following promptness standards be established as maximum times for processing applications: forty-five calendar days for AABD or MA applicants applying based on age or blindness.

5. UPM § 1505.35 (D) (2) provides that the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: a. the client has good cause for not submitting verification by the deadline, or b. the client has been granted a 10 day extension to submit verification which has not elapsed.
6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
 1. the Department has requested verification; and
 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
7. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
8. **The Department correctly granted a 10 day extension with the receipt of some of the requested verifications; thus correctly delayed a determination of eligibility within the standard of promptness.**
9. **The Appellant failed to submit at least one item of verification within the extension period; which in this case was the due date for request #6, [REDACTED], 2019.**
10. **The Appellant did not advise the Department about any difficulties in obtaining verifications sought by the Department. The Appellant did not establish good cause for not submitting verification by the deadline established by the Department, [REDACTED] 2019.**
11. **The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility since requested information was not returned by the due date.**

DISCUSSION

After reviewing the evidence and testimony presented in this hearing, the Department's action to deny the Appellant's request for LTC assistance is upheld.

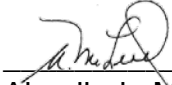
The Appellants stated that in the process of assigning the life insurance policies to the funeral home; the Appellant passed away and thus the assignment was not completed. As a result, Combined Life Insurance sent a check to the POA while Transamerica Life Insurance sent a check to the nursing home and all monies were paid to the nursing home and the funeral home. However, none of this information was passed along to the Department. In addition, the bank account ending in [REDACTED] requested by the Department was not submitted.

Regulation requires that an application must remain pending as long as the Appellant shows good cause for not providing at least one requested item before the given due date. In this case, the Appellant did not provide good cause to the Department for not being able to submit the requested verifications by the due date in W-1348 request #6 of [REDACTED] 2019.

The hearing record shows that the Appellant did not request help from the Department or an extension of time to acquire the requested verifications. Since, the Department did not get the requested verifications by the due date, the Department was correct to deny the Appellant's application for failure to provide information.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Alejandro Arbelaez, SSOM Torrington regional Office
Angela Querrete, Fair Hearing Liaison, Bridgeport

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within **25** days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a(a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The **45** day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than **90** days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.